

<b>U.S. DEPARTMENT OF EDUCATION BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS</b>		OMB Control Number: 1890-0004
		Expiration Date: 10/31/2007
* Name of Institution/Organization	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please add all instructions before completing form.	

**SECTION A - BUDGET SUMMARY  
U.S. DEPARTMENT OF EDUCATION FUNDS**

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. Total Direct Costs (lines 1-8)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Indirect Costs*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. Training Stipends	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Total Costs (lines 9-11)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**\*Indirect Cost Information (To Be Completed by Your Business Office):**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

- (1) Do you have an Indirect Cost Rate Agreement approved by the Federal government?   ☒ Yes   ☐ No
- (2) If yes, please provide the following information:
- \* Period Covered by the Indirect Cost Rate Agreement: From: 08/13/1967   To: 08/13/1967   (mm/dd/yyyy)
- \* Approving Federal agency:   ☒ ED   ☐ Other (please specify):
- (3) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:
- ☒ Is included in your approved Indirect Cost Rate Agreement? or,   ☐ Complies with 34 CFR 76.564(c)(2)?

* Name of Institution/Organization	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please add all instructions before completing form.
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**SECTION B - BUDGET SUMMARY  
NON-FEDERAL FUNDS**

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. Total Direct Costs (lines 1-8)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. Training Stipends	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Total Costs (lines 9-11)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**SECTION C - BUDGET NARRATIVE (see instructions)**